



City of Cambridge
POLICE REVIEW AND ADVISORY BOARD

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Cambridge, MA 02139

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TDD/TTY 349-6112
E-mail: jjohnson@cambridgema.gov
COMPLAINT FORM

Case No _____
Staff _____
Open Date _____
Close Date _____

(PLEASE PRINT)

COMPLAINT (Your Name)

Name _____
Street _____
City/State/Zip _____
Telephone _____
Fax _____
Email _____

RESPONDENT (Officer(s) involved)

1. Officer/Rank/Badge# _____

2. Officer/Rank/Badge# _____

3. Officer/Rank/Badge# _____

INCIDENT

Location _____
Time & Date _____

INJURY

Yes No

Were you Injured? _____

Describe your Injury _____

Did you receive medical attention? _____

By whom? _____

Where? _____

Yes No

Was force used? _____
Was abusive language used? _____
Were racial references made? _____

SEARCH

You? _____
Vehicle? _____
House? _____
Person? _____
Other? (If yes, explain) _____

WITNESSES

Name _____
Street _____
City/State/Zip _____
Telephone _____

Name _____
Street _____
City/State/Zip _____
Telephone _____

For Office Use Only

Release Authorization Yes _____ No _____
Complaint Type _____
Agency Referral _____ Walk in _____ By mail _____ Phone _____ Email _____ Web _____

THE POLICE REVIEW AND ADVISORY BOARD IS A PUBLIC AGENCY AS SUCH ITS RECORDS AND FILES MAY BE PUBLIC INFORMATION.